BRUSH COUNTRY CO-OP

ASSISTIVE TECHNOLOGY GUIDELINES

The Diagnostician and Speech Pathologist (for Speech-only students) will distribute and monitor completion of all forms until the end of the process.

PROCESS

STEP 1   ***CONDUCT A YEARLY ASSISTIVE TECHNOLOGY SCREENING***
Conduct a yearly assistive technology screening (section in ARD). If A.T. questions indicate a need for further evaluation or reevaluation, proceed to Step 2. If a current A.T. Assessment report exists, proceed to Step 8.

STEP 2   ***REFERRAL FOR ASSISTIVE TECHNOLOGY EVALUATION***
Complete the **Referral/Identification Guide at the ARD**. Send the appropriate sections of the **Student Information Guide (sections 1-13)** to all teachers and therapists who work with student.

STEP 3   ***SEND NOTICE OF ASSISTIVE TECHNOLOGY STAFFING***
Send the **Notice of Assistive Technology Staffing** form to special education and general education teacher representatives and therapists who work with the student, and the parents.

STEP 4   ***ASSISTIVE TECHNOLOGY STAFFING***
Review **Student Information Guides** submitted. Complete any additional student information guides if needed.

The **Assistive Technology Team Recommendation** form should be completed by the district A.T. representative during the staffing.

The **Assistive Technology Trial Use Guide** should be completed by the district A.T. representative at the staffing. A copy should be given to the member(s) primarily responsible for learning to operate the A.T.

STEP 5   ***SCHEDULE STAFFING***
Primary member(s) should contact Diagnostician or Speech pathologist to schedule a staffing once the trial period is completed.

STEP 6   ***SEND A NOTICE OF ASSISTIVE TECHNOLOGY STAFFING***
A staffing must be held to review the results of the trail use and any other pertinent information. A new Trial Use Guide form should be completed if additional A.T. material is needed or if more time is required for trial. The Assistive Technology Team Assessment Report should be completed when the trial use has been successful and the team recommends the A.T. tried.
Note: A related service eligibility report (from SuccessEd) and IEP goals must be included with the report at the ARD.

STEP 7   ***ARD***
Schedule an ARD meeting to review the Assistive Technology Report. Include A.T. services and/or devices to be provided in the IEP document. Include an eligibility report if student requires A.T.

STEP 8   ***YEARLY REVIEW OF ASSSISTIVE TECHNOLOGY NEEDS***
If a current A.T. Assessment report exists, review the report and complete the A.T. Annual Review. Include all three A.T. report pages as part of the Annual ARD packet.

Note: A new A.T. evaluation may be recommended if the present report no longer meets the student's needs.

BRUSH COUNTRY CO-OP
Referral/Question Identification Guide

Student's Name _____ Date of Birth _____ Age _____

School/Campus _____ Grade _____

School Contact Person _____ Phone _____

Persons Completing Guide _____

Date _____

Parent(s) Name _____ Phone _____

Address _____

Student's Primary Language _____ Family's Primary Language _____

Disability (Check all that apply)

☐ Speech/Language　　　　　☐ Significant Developmental Delay　　　　☐ Specific Learning Disability

☐ Cognitive Disability　　　　☐ Other Health Impairment　　　　　　　☐ Hearing Impairment

☐ Traumatic Brain Injury　　　☐ Autism　　　　　　　　　　　　　　☐ Vision Impairment

☐ Emotional/Behavioral Disability

☐ Orthopedic Impairment Type: _____

Current Age Group

☐ Birth to Three　　　　　　☐ Early Childhood　　　　　　☐ Elementary

☐ Middle School　　　　　　☐ Secondary

Classroom Setting

☐ Regular Education Classroom　　☐ Resource Room　　　　☐ Self-contained

☐ Home　　　　　　　　　　　　☐ Other _____

Current Service Providers

☐ Occupational Therapy　　　　☐ Physical Therapy　　　　☐ Speech Language

☐ Other(s)_____

Medical Considerations (Check all that apply.)

☐ History of seizures　　　　　　　　　　☐ Fatigues easily

☐ Has degenerative medical condition　　　☐ Has frequent pain

☐ Has multiple health problems　　　　　☐ Has frequent upper respiratory infections

☐ Has frequent ear infections　　　　　　☐ Has digestive problems

☐ Has allergies to _____

☐ Currently taking medication for _____

Other Issues of Cancer: _____

_____

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Assistive Technology Currently Used (Check all that apply)

- ☐ None
- ☐ Manual Communication Board
- ☐ Low Tech Vision Aids
- ☐ Environmental Control Unit/EADL
- ☐ Power Wheelchair
- ☐ Voice Recognition
- ☐ Adaptive Input (describe): _____
- ☐ Adaptive Output (describe): _____
- ☐ Other _____

- ☐ Low Tech Writing Aids
- ☐ Augmentative Communication System
- ☐ Amplification System
- ☐ Manual Wheelchair
- ☐ Computer – Type (platform) _____
- ☐ Word Prediction

Assistive Technology Tried

Please describe any other assistive technology previously tried, length of trial, and outcome (how did it work or why didn't it work.)

Assistive Technology tried	Number and dates of trial(s)	Outcome

*__**REFERRAL QUESTION**__*
What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option?

_____
_____
_____
_____
_____

**Based on the referral question, select the sections of the Student Information Guide to be completed.
 (Check all that apply.)

- ☐ Section 1 Fine Motor Related to Computer or Device Access
- ☐ Section 2 Motor Aspects of Writing
- ☐ Section 3 Composing Written Material
- ☐ Section 4 Communication
- ☐ Section 5 Reading
- ☐ Section 6 Learning and Studying
- ☐ Section 7 Math

- ☐ Section 8 Recreation and Leisure
- ☐ Section 9 Seating and Positioning
- ☐ Section 10 Mobility
- ☐ Section 11 Vision
- ☐ Section 12 Hearing
- ☐ Section 13 General

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Assistive Technology Family Questionnaire

Student: _____   Date: _____

District/Campus: _____

Family member(s) providing information: _____

Check the area(s) your child is experiencing problems in:

☐ Fine Motor related to computer or device use   ☐ Recreation and Leisure

☐ Writing   ☐ Seating and Positioning

☐ Communication   ☐ Mobility

☐ Reading   ☐ Vision

☐ Learning and Studying   ☐ Hearing

☐ Math   ☐ Self Help (feeding, dressing …)

Give details about the problem area(s)? _____
_____
_____
_____
_____

Does your child currently use any devices?   ☐ Yes   ☐ No

If yes, list devices used: _____

List some things you would like to see as an outcome of this evaluation: _____
_____
_____

Additional Comments: _____
_____

_____   _____
Person Completing Questionnaire   Date

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WATI STUDENT INFORMATION GUIDE

SECTION 1
Fine Motor Related to Computer (or Device) Access

1. Current Fine Motor Abilities

Observe the student using paper and pencil, typewriter, computer, switch, etc. Look at the movements as well as the activities and situations. Does the student have voluntary, isolated, controlled movements using the following? (Check all that apply.)

☐ Left hand	☐ Right hand	☐ Eye(s)
☐ Left arm	☐ Right arm	☐ Head
☐ Left leg	☐ Right leg	☐ Mouth
☐ Left foot	☐ Right foot	☐ Tongue
☐ Finger(s)	☐ Eyebrows	☐ Other _____

Describe briefly the activities/situations observed:

2. Range of Motion

Student has specific limitations to range.   ☐Yes   ☐ No

Describe the specific range in which the student has the most motor control.

3. Abnormal Reflexes and Muscle Tone

Student has abnormal reflexes or abnormal muscle tone.   ☐ Yes   ☐ No

Describe briefly any abnormal reflex patterns or patterns of low or high muscle tone that may interfere with the student's voluntary motor control.

4. Accuracy

Student has difficulty with accuracy.   ☐ Yes   ☐ No

Describe how accurate, reliable and consistent the student is in performing a particular fine motor task.

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5. Fatigue

Student fatigues easily. ☐ Yes ☐ No

Describe how easily the student becomes fatigued.

6. Assisted Direct Selection

What type of assistance for direct selection has been tried? (Check all that apply.)

☐ Keyguard   ☐ Head pointer/head stick

☐ Pointers, hand grips, splints etc.   ☐ Light beam/laser

Other: _____

Describe which seemed to work the best and why.

7. Size of Grid Student Is Able to Access

What is the smallest square the student can accurately access? ☐ 1"   ☐ 2"   ☐ 3"   ☐ 4"

What is the optimal size grid?   Size of square _____

Number of squares across _____

Number of squares down _____

8. Scanning

If student cannot direct select, does the student use scanning?

☐ No.

☐ Yes.   If yes, which? ☐ Step   ☐ Automatic   ☐ Inverse   ☐ Other _____

PREFERRED CONTROL SITE (BODY SITE):

OTHER POSSIBLE CONTROL SITES:

9. Type of Switch

The following switches have been tried. (Check all that apply. **Circle the one or two** that seemed to work the best.)

☐ Touch (jellybean)   ☐ Light touch   ☐ Wobble   ☐ Rocker

☐ Joystick   ☐ Lever   ☐ Head switch   ☐ Mercury (tilt)

☐ Arm slot   ☐ Eye brow   ☐ Tongue   ☐ Sip/puff

☐ Tread   ☐ Other _____

Summary of Student's Abilities and Concerns Related to Computer/Device Access:

SECTION 2
Motor Aspects of Writing

1. Current Writing Ability (Check all that apply)

- [ ] Holds pencil, but does not write
- [ ] Scribbles with a few recognizable letters
- [ ] Uses pencil adapted with _____
- [ ] Copies from book (near point)
- [ ] Prints a few words
- [ ] Prints name
- [ ] Writes cursive
- [ ] Writing is limited due to fatigue
- [ ] Writing is slow and arduous

- [ ] Pretend writes
- [ ] Uses regular pencil
- [ ] Copies simple shapes
- [ ] Copies from board (far point)
- [ ] Writes on 1" lines
- [ ] Writes on narrow lines
- [ ] Uses space correctly
- [ ] Sizes writing to fit spaces
- [ ] Writes independently and legibly

2. Assistive Technology Used (Check all that apply)

- [ ] Paper with heavier lines
- [ ] Special pencil or marker
- [ ] Computer

- [ ] Paper with raised lines
- [ ] Splint or pencil holder
- [ ] Other _____

- [ ] Pencil grip
- [ ] Typewriter

3. Current Keyboarding Ability (Check all that apply)

- [ ] Does not currently type
- [ ] Types slowly, with one finger
- [ ] Accidentally hits unwanted keys
- [ ] Requires arm or wrist support to type
- [ ] Uses mini keyboard to reduce fatigue
- [ ] Uses Touch Window
- [ ] Uses access software

- [ ] Activates desired key on command
- [ ] Types slowly, with more than one finger
- [ ] Performs 10 finger typing
- [ ] Accesses keyboard with head or mouth stick
- [ ] Uses switch to access computer
- [ ] Uses alternative keyboard
- [ ] Uses Morse code to access computer

- [ ] Uses adapted or alternate keyboard, such as _____
- [ ] Other _____

4. Computer Use (Check all that apply)

- [ ] Has never used a computer
- [ ] Uses computer at school
- [ ] Uses computer at home
- [ ] Uses computer for games
- [ ] Uses computer for word processing
- [ ] Uses computer's spell checker
- [ ] Uses computer for a variety of purposes, such as _____
- [ ] Has potential to use computer but has not used a computer because _____

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5. Computer Availability and Use

The student has access to the following computer(s)

☐ PC ☐ Macintosh ☐ Other _____

☐ Desktop ☐ Laptop

Location: _____

The student uses a computer

☐ Rarely ☐ Frequently ☐ Daily for one or more subjects or periods ☐ Every day, all day

Summary of Student's Abilities and Concerns Related to Writing:

BRUSH COUNTRY CO-OP
WATI Student Information Guide

SECTION 3
Composing Written Material

1. Typical of Student's Present Writing (Check all that apply.)

☐ Short words ☐ Sentences ☐ Multi-paragraph reports
☐ Short phrases ☐ Paragraphs of 2-5 sentences ☐ Other _____
☐ Complex phrases ☐ Longer paragraphs

2. Difficulties Currently Experienced by Student (Check all that apply.)

☐ Answering questions ☐ Generating ideas
☐ Getting started on a sentence or story ☐ Working w/peers to generate ideas & information
☐ Adding information to a topic ☐ Planning content
☐ Sequencing information ☐ Using a variety of vocabulary
☐ Integrating information from two or more sources ☐ Summarizing information
☐ Relating information to specific topics ☐ Other _____
☐ Determining when to begin a new paragraph

3. Strategies for Composing Written Materials Student Currently Utilizes (Check all that apply.)

☐ Story starters ☐ Webbing/concept mapping
☐ Preset choices or plot twists ☐ Outlines
☐ Templates to provide the format or structure ☐ Other _____
   (both paper and electronic)

4. Aids/Assistive Technology for Composing Written Materials Utilized by Student
  (Check all that apply.)

☐ Word cards ☐ Word book ☐ Word wall/word lists
☐ Prewritten words on cards or labels ☐ Dictionary ☐ Electronic dictionary/spell checker
☐ Whole words using software or hardware (e.g. IntelliKeys)
☐ Symbol-based software for writing (e.g. Writing with Symbols 2000 or Pix Writer)
☐ Word processing with spell checker/grammar checker
☐ Talking word processing ☐ Abbreviation/expansion
☐ Word processing with writing support
☐ Multimedia software ☐ Voice recognition software
☐ Other _____

Summary of Student's Abilities and Concerns Related to Writing:

BRUSH COUNTRY CO-OP
WATI Student Information Guide

SECTION 4
COMMUNICATION

1. Student's Present Means of Communication
   (Check all that are used. **Circle the primary method** the student uses.)

☐ Changes in breathing patterns   ☐ Body position changes   ☐ Eye-gaze/eye movement
☐ Facial expressions   ☐ Gestures   ☐ Pointing
☐ Sign language approximations   ☐ Sign language (Type _____   # signs _____
                 # combinations _____   # signs in a combination _____)

☐ Vocalizations, list examples: _____
☐ Vowels, vowel combinations, list examples: _____
☐ Single words, list examples & approx. #: _____
☐ Reliable no   ☐ Reliable yes
☐ 2-word utterances   ☐ 3-word utterances
☐ Semi intelligible speech, estimate % intelligible: _____
☐ Communication board   ☐ Tangibles   ☐ Pictures   ☐ Combination pictures/words   ☐ Words
☐ Voice output AC device (name of device: _____
☐ Intelligible speech   ☐ Writing   ☐ Other: _____

2. Those Who Understand Student's Communication Attempts (Check best descriptor)

	Most of the time	Part of the time	Rarely	Not Applicable
Strangers	☐	☐	☐	☐
Teachers/therapists	☐	☐	☐	☐
Peers	☐	☐	☐	☐
Siblings	☐	☐	☐	☐
Parent/Guardian	☐	☐	☐	☐

3. Current Level of Receptive Language

Age approximation: _____

If formal tests used, name and scores: _____

If formal testing is not used, please give an approximate age or developmental level of functioning.   Explain your rationale for this estimate. _____

Current Level of Expressive Language

Age approximation: _____

If formal tests used, name and scores _____

If formal testing is not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate. _____

5. Communication Interaction Skills

Desires to communicate   ☐ Yes   ☐ No

To indicate *yes* and *no* the student

☐ Shakes head   ☐ Signs   ☐ Vocalizes   ☐ Gestures   ☐ Eye gazes
☐ Points to board   ☐ Uses word approximations   ☐ Does not respond consistently

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Can a person unfamiliar with the student understand the response? ☐ Yes   ☐ No

	Always	Frequently	Occasionally	Seldom	Never
Turns toward speaker	☐	☐	☐	☐	☐
Interacts with peers	☐	☐	☐	☐	☐
Aware of listener's attention	☐	☐	☐	☐	☐
Initiates interaction	☐	☐	☐	☐	☐
Asks questions	☐	☐	☐	☐	☐
Responds to communication interaction	☐	☐	☐	☐	☐
Requests clarification from communication partner	☐	☐	☐	☐	☐
Repairs communication breakdown	☐	☐	☐	☐	☐
Requires frequent verbal prompts	☐	☐	☐	☐	☐
Requires frequent physical prompts	☐	☐	☐	☐	☐
Maintains communication exchange	☐	☐	☐	☐	☐
Terminates communication	☐	☐	☐	☐	☐

Describe techniques student uses for repair (e.g. keeps trying, changes message, points to first letter etc.):

6. Student's Needs Related to Devices/Systems (Check all that apply.)

☐ Walks ☐ Uses wheelchair ☐ Carries device under 2 pounds
☐ Drops or throws things frequently ☐ Needs digitized (human) speech
☐ Needs device w/large number of words and phrases
☐ Other _____

7. Pre-Reading and Reading Skills Related to Communication (Check all that apply.)

☐ Yes ☐ No   Object/picture recognition
☐ Yes ☐ No   Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.)
☐ Yes ☐ No   Auditory discrimination of sounds
☐ Yes ☐ No   Auditory discrimination of words, phrases
☐ Yes ☐ No   Selecting initial letter of word
☐ Yes ☐ No   Following simple directions
☐ Yes ☐ No   Sight word recognition
☐ Yes ☐ No   Putting two symbols or words together to express an idea

8. Visual Abilities Related to Communication (Check all that apply.)

☐ Maintains fixation on stationary object ☐ Looks to right and left without moving head
☐ Scans line of symbols left to right ☐ Scans matrix of symbols in a grid
☐ Visually recognizes people ☐ Visually recognizes common objects
☐ Visually recognizes photographs ☐ Visually recognizes symbols or pictures
☐ Needs additional space around symbol ☐ Visually shifts horizontally
☐ Visually shifts vertically ☐ Recognizes line drawings

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Is a specific type (brand) of symbols or pictures preferred? _____

What size symbols or pictures are preferred? _____

What line thickness of symbols is preferred? _____inches

Does student seem to do better with black on white, or white on black, or a specific color combination for figure/ground discrimination?

Explain anything else you think is significant about the responses the student currently uses or his/her need for augmenting communication (Use an additional page if necessary)

Summary of Student's Abilities and Concerns Related to Communication:

Math

1. Difficulties Student Has with Math (Check all that apply.)

- ☐ Legibly writing numerals
- ☐ Understanding meaning of numbers
- ☐ Understanding money concepts
- ☐ Completing multiplication and division
- ☐ Understanding units of measurement
- ☐ Creating graphs and tables
- ☐ Understanding fractions
- ☐ Converting to mixed numbers
- ☐ Solving story problems
- ☐ Graphing
- ☐ Understanding and use of trigonometry functions
- ☐ Other: _____

- ☐ Understanding math related language
- ☐ Understanding place values
- ☐ Completing simple addition and subtraction
- ☐ Completing complex addition and subtraction
- ☐ Understanding tables and graphs
- ☐ Understanding time concepts
- ☐ Working with fractions
- ☐ Understanding decimals /percents
- ☐ Understanding geometry
- ☐ Understanding the use of formulas
- ☐ Checking work

2. Assistive Technology Tried

- ☐ Abacus
- ☐ Math line
- ☐ Enlarged math worksheets
- ☐ Low-tech alternatives for answering
- ☐ Recorded material
- ☐ Voice output reminders for assignments, steps of task, etc.
- ☐ Pagers/electronic reminders
- ☐ Software for manipulation of objects/concept development
- ☐ Talking or Braille watch
- ☐ Palm computers
- ☐ Other: _____

- ☐ Talking calculator
- ☐ Braille calculator
- ☐ Alternative keyboards (e.g., IntelliKeys)
- ☐ Math "Smart Chart"
- ☐ Tactile math devices (ruler, clock, etc.)
- ☐ Electronic organizers
- ☐ Single word scanners
- ☐ On screen scanning calculator
- ☐ Software for organization of ideas and studying

3. Strategies Used

Please describe any strategies that have been used to help:

Summary of Student's Abilities and Concerns Related to Math:

SECTION 8
Recreation and Leisure

1. Difficulties Student Experiences Participating in Recreation and Leisure (Check all that apply.)

☐ Understanding cause and effect   ☐ Following complex directions

☐ Understanding turn taking   ☐ Communicating with others

☐ Handling/manipulating objects   ☐ Hearing others

☐ Throwing/catching objects   ☐ Seeing equipment or materials

☐ Understanding rules   ☐ Operating TV, VCR, etc.

☐ Waiting for his/her turn   ☐ Operating computer

☐ Following simple directions   ☐ Other: _____

2. Activities Student Especially Enjoys:

3. Adaptations Tried to Enhance Participation in Recreation and Leisure:

How did they help?

4. Assistive Technology Tried (Check all that apply.)

☐ Toys adapted with Velcro®, magnets, handles etc.

☐ Toys adapted for single switch operation

☐ Adaptive sporting equipment, such as lighted or beeping ball

☐ Universal cuff or strap to hold crayons, markers, etc.

☐ Modified utensils, e.g. rubber stamps, rollers, brushes

☐ Ergo Rest or other arm support

☐ Electronic aids to control/operate TV, VCR, CD player, etc.

☐ Software to complete art activities   ☐ Games on the computer

☐ Other computer software   ☐ Other _____

Summary of Student's Abilities and Concerns in the Area of Recreation and Leisure:

SECTION 9
Seating and Positioning

1. Current Seating and Positioning of Student (Check all that apply.)

☐ Sits in regular chair w/ feet on floor
☐ Sits in regular chair w/ pelvic belt or foot rest
☐ Sits in adapted chair
☐ Sits in seat with adaptive cushion that allows needed movement
☐ Sits in wheelchair part of day
☐ Sits comfortably in wheelchair most of day
☐ Wheelchair in process of being adapted to fit
☐ Spends part of day out of chair due to prescribed positions
☐ Spends part of day out of chair due to discomfort
☐ Enjoys many positions throughout the day, based on activity
☐ Has few opportunities for other positions
☐ Uses regular desk
☐ Uses desk with height adjusted
☐ Uses tray on wheelchair for desktop
☐ Uses adapted table

2. Description of Seating (Check all that apply.)

☐ Seating provides trunk stability
☐ Seating allows feet to be on floor or foot rest
☐ Seating facilitates readiness to perform task
☐ There are questions or concerns about the student¹s seating
☐ Student dislikes some positions, often indicates discomfort in the following positions_____
   How is discomfort communicated? _____
☐ Student has difficulty using table or desk
☐ There are concerns or questions about current <u>wheelchair</u>.
☐ Student has difficulty achieving and maintaining head control, best position for head control is _____
   Where are their hips? _____
☐ Can maintain head control for _____ minutes in this position.

Summary of Student's Abilities and Concerns Related to Seating and Positioning:

SECTION 10
Mobility

1. Mobility (Check all that apply)

☐ Crawls, rolls, or creeps independently
☐ Is pushed in manual wheelchair
☐ Uses wheelchair for long distances only
☐ Uses manual wheelchair independently
☐ Is learning to use power wheelchair
☐ Uses power wheelchair
☐ Needs help to transfer in and out of wheelchair
☐ Transfers independently
☐ Has difficulty walking
☐ Walks with assistance
☐ Has difficulty walking up stairs
☐ Has difficulty walking down stairs
☐ Needs extra time to reach destination
☐ Walks independently
☐ Walks with appliance
☐ Uses elevator key independently

2. Concerns About Mobility (Check all that apply)

☐ Student seems extremely tired after walking, requires a long time to recover
☐ Student seems to be having more difficulty than in the past
☐ Student complains about pain or discomfort
☐ Changes in schedule require more time for travel
☐ Changes in class location or building are making it more challenging to get around
☐ Transition to new school will require consideration of mobility needs
☐ Other: _____

Summary of Student's Abilities and Concerns Related to Mobility:

WATI Student Information Guide

Section 11
Vision

==*A vision specialist should be consulted to assist in completing this section.*==

1. Date of Last Vision Report: _____

Report indicates (please address any field loss, vision condition, etc.):

2. Visual Abilities (Check all that apply)

- ☐ Read standard textbook print
- ☐ Read text if enlarged to (indicate size in inches) _____
- ☐ Requires specialized lighting such as: _____
- ☐ Requires materials tilted at a certain angle (indicate angle): _____
- ☐ Can read using optical aids, list: _____
- ☐ Currently uses the following screen enlargement device: _____
- ☐ Currently uses the following screen enlargement software: _____
- ☐ Recognizes letters enlarged to _____ pt type on computer screen
- ☐ Recognizes letters enlarged to _____ pt. type for _____ minutes without eye fatigue.
- ☐ Prefers: ☐ Black letters on white ☐ White on black ☐ _____ (color) on _____
- ☐ Tilts head when reading
- ☐ Uses only one eye: ☐ Right eye ☐ Left eye
- ☐ Uses screen reader: _____
- ☐ Requires recorded material, text to speech, or Braille materials

3 Alternative Output

Currently uses (Check all that apply)

- ☐ Slate and stylus
- ☐ Talking calculator
- ☐ Braille calculator
- ☐ Braille notetaker
- ☐ Electric Brailler
- ☐ Refreshable Braille display
- ☐ Tactile images
- ☐ Screen reader
- ☐ Braille translation software: _____

Level of proficiency (Check the one that most closely describes the student)

- ☐ Requires frequent physical prompts
- ☐ Needs only intermittent cues
- ☐ Trouble-shoots problems related to device
- ☐ Requires frequent verbal cues
- ☐ Uses device to complete tasks independently

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4. Writing/Handwritten Materials (Check all that apply)

- ☐ Writes using space correctly
- ☐ Writes appropriate size
- ☐ Reads someone else's writing
- ☐ Reads cursive
- ☐ Requires bold or raised-line paper
- ☐ Requires colored pencils, pens, or paper

- ☐ Writes on line
- ☐ Reads own handwriting
- ☐ Reads hand printing
- ☐ Skips letters when copying
- ☐ Requires softer lead pencils
- ☐ Requires felt tip pen ☐ Thin point ☐ Thick point

Summary of Student's Abilities and Concerns Related to Vision:

SECTION 12
Hearing

A hearing specialist should be consulted to complete this section.

1. Audiological Information

Date of last audiological exam: _____

Hearing loss identified

Right Ear ☐ Mild	☐ Moderate	☐ Severe	☐ Profound
Left Ear ☐ Mild	☐ Moderate	☐ Severe	☐ Profound

Onset of hearing loss: _____   Etiology: _____

2. Unaided Auditory Abilities (Check all that apply)

☐ Attends to sounds   ☐ High pitch   ☐ Low pitch   ☐ Voices   ☐ Background noises
☐ Discriminates environmental vs. non-environmental sounds
☐ Turns toward sound
☐ Hears some speech sounds
☐ Understands synthesized speech

3. Student's Eye Contact and Attention to Communication   (Check best descriptor)

☐ Poor   ☐ Inconsistent   ☐ Limited   ☐ Good   ☐ Excellent

4. Communication Used by Others
   Indicate the form of communication generally used by others in each of the following environments.
   (Check all that apply.)

	School	Home	Community
☐ Body language	☐	☐	☐
☐ Tangible symbols	☐	☐	☐
☐ Gestures	☐	☐	☐
☐ Speech	☐	☐	☐
☐ Cued speech	☐	☐	☐
☐ Picture cues	☐	☐	☐
☐ Written messages	☐	☐	☐
☐ Signs and speech together	☐	☐	☐
☐ Signed English	☐	☐	☐
☐ Contact (Pidgin) sign language	☐	☐	☐
☐ American Sign Language (ASL)	☐	☐	☐

5. Level of Receptive Proficiency in Each Environment

	School	Home	Community
☐ Understands single words	☐	☐	☐
☐ Understands short phrases	☐	☐	☐
☐ Understands majority of communications	☐	☐	☐

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6. Student Communicates with Others Using (Check all that apply)

- ☐ Speech
- ☐ Signs and speech together
- ☐ Signed English
- ☐ Other _____

- ☐ American Sign Language
- ☐ Gestures
- ☐ Picture cues

- ☐ Body language
- ☐ Written messages
- ☐ Contact (Pidgin) sign language

Level of expressive communication:

- ☐ Single words
- ☐ Combination of words
- ☐ Proficient

7. Is There a Discrepancy Between Receptive and Expressive Abilities?

☐ Yes ☐ No

If yes, describe further: _____

8. Services Currently Used (Check all that apply)

- ☐ Audiology: _____
- ☐ Educational interpreter using: _____

- ☐ Note taker
- ASL ☐ Transliterating ☐ PSE ☐ Oral

9. Equipment Currently Used (Check all that apply)

- ☐ Hearing aids
- ☐ Vibrotactile devices
- ☐ FM system

- ☐ Cochlear implant
- ☐ Classroom amplification system
- ☐ Other _____

- ☐ Telecaption decoder
- ☐ TTY/TDD

10. Present Concerns for Communication, Writing, and/or Educational Materials

- ☐ Cannot hear teacher/other students
- ☐ Cannot participate in class discussions
- ☐ Displays rec./exp. language delays

- ☐ Cannot respond to emergency alarm
- ☐ Cannot benefit from educational videos/programs
- ☐ Cannot use telephone to communicate

11. Current communication functioning (Check all that apply)

- ☐ Desires to communicate
- ☐ Initiates interaction
- ☐ Responds to communication requests
- ☐ Reads lips
- ☐ Appears frustrated with current communication functioning
- ☐ Requests clarification from communication partners ("Would you please repeat that?")
- ☐ Repairs communication breakdown (Keeps trying, changes message)

12. Current Reading Level :_____

Summary of Hearing Abilities and Concerns:

BCC 08/16

Are there any behaviors (both positive and negative) that significantly impact the student's performance?

Are there significant factors about the student's strengths, learning style, coping strategies or interests that the team should consider?

Are there any other significant factors about the student that the team should consider?

Does student fatigue easily or experience a change in performance at different times of the day?

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NOTICE OF ASSISTIVE TECHNOLOGY STAFFING

To: (Check all that apply)

☐ Administrator _____

☐ Teacher(s) _____

☐ Diagnostician

☐ Speech Pathologist

☐ Therapist(s)/Specialist(s) _____

☐ Parent

☐ Other _____

From: _____ ☐ Diagnostician ☐ Speech Pathologist

Student: _____   Date:_____

Time: _____   Location: _____

Purpose: ☐ Consider Assistive Technology Assessment Needs
          ☐ Assistive Technology Assessment-Summary Report

An Assistive Technology staffing has been planned for the above named student. Your input is vital in planning for this student's education.

If you are unable to attend this meeting, please contact me at _____
by _____.

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WATI Assistive Technology Trial Use Guide

AT to be tried:

Student's Name: _____ DOB: _____ Age: _____ Meeting Date: _____

School/Campus: _____ Grade: _____

Persons Completing Guide: _____

Goal for AT use: _____

AQUISITION

Source(s)	Person Responsible	Date Ordered	Date Received	Date Returned

TRAINING

Person(s) to be trained	Training Required	Date Begun	Date Completed

Person primarily responsible to learn to operate this AT: _____

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Location(s)	Support to be provided (e.g. set up, trouble shoot, recharge, program, etc.	Person Responsible

Student Use

Date	Time Used	Location	Task(s)	Outcome(s)

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**Attach additional documentation of student use

☐ **Trial Use Report**
☐ **Final Report**

ASSISTIVE TECHNOLOGY TEAM ASSESSMENT REPORT

Date of Report: _____

Student:_____ DOB:_____ Age:_____ Grade: _____

District/Campus:_____ Disability: _____

Reason for Referral:

Current Information (include educational setting, classes, services, cognitive skills, communications skills, gross/fine motor skills, strengths/weaknesses etc.):

Assistive Technology utilized :
Technology used in the past & no longer used:

Technology currently used (include location used, amount of time used, supports needed):

Recommendations for A.T. Programming and follow up:

Device/Material	Location for use	Minimum time for use	Supports needed	Staff responsible

Training Required	Person responsible for training	Date to begin	# of trainings

Based on the information shared by the on-site staff, classroom evaluation, and consultation among the A.T. team, this student is eligible for and needs the assistive technology recommended in order to benefit from instruction.

☐Yes ☐No   This device/material is required to meet this student's goals and objectives.

☐Yes ☐No   This device/material is necessary to support the student in making reasonable educational progress in the least restrictive environment.

☐Yes ☐No   Absence of this device /material requires the student's removal to a more restrictive setting.

☐Yes ☐No   This device/material is necessary to enable the student to receive special education benefit.

Required Items:
*Eligibility Report for Related Services if student is eligible.
*A.T. devices and/or services must be addressed within the IEP document and in the PIEMS Report

It is recognized that the decision regarding the provision of specific related services is the responsibility of the ARD committee.

Team members:

Name (print)	Position	Present (X)	Participated in assessment(X)	Signature

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ASSISTIVE TECHNOLOGY ANNUAL REVIEW

AT Assessment Date _____   ARD Date Reviewed:_____

☐ The *Assistive Technology Assessment Report* was reviewed and discussed.

Summary of discussion:

Team Recommendations:

☐ No additional recommendations are needed at this time.
   The current A.T. Assessment Report remains in effect.

☐ Additional recommendations have been made.

Summary of additional recommendations:

*A.T. devices and/or services must be addressed within the IEP document and in the PEIMS Report.